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# ANNUAL REPORT

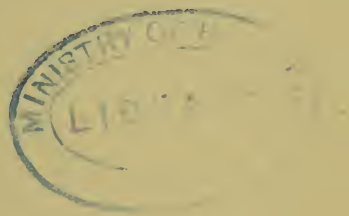
OF THE

Medical Officer of Health

for the Year

1951

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# PUBLIC HEALTH OFFICERS OF THE AUTHORITY

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## **Medical Officer of Health**

L. E. DICKSON, M.D., B.S.

## **Senior Sanitary Inspector**

S. J. YELLAND, CERT.S.I.B.

## **Additional Sanitary Inspector**

G. S. N. INGHAM, CERT.S.I.B.

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# BRIDGNORTH RURAL DISTRICT COUNCIL

BRIDGNORTH,

1st October, 1952.

TO THE CHAIRMAN AND MEMBERS.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Report on the Health of your District for the year ending 31st December, 1951. It has been drawn up in accordance with the Ministry of Health's Circular 42/51, dated 10th December, 1951.

Your late Medical Officer of Health, Dr. L. E. Dickson, retired at the end of the year after many years' service, and died in August, 1952. The post has meanwhile been filled by a temporary appointment until such time as a decision is reached with regard to the areas to be served by Medical Officers of Health in Shropshire.

During the year the District has been free from any serious outbreak of Infectious Disease, but Measles was prevalent among the children. No cases of Poliomyelitis were notified nor were there any cases of Diphtheria.

The Vital Statistics are satisfactory and attention may be drawn to the low Death-rate and the low Rate of Infantile Mortality, which latter figure is less than half the rate for the country as a whole. The causes of death were chiefly Diseases of the Heart and Circulatory System (66 deaths) and Cancer (22 deaths).

Housing, and other problems associated with it such as water supplies, etc., continues to be the most urgent matter with which local authorities have to deal. A total of 12 Council and 3 Private Houses were completed in 1951. At the end of the year 80 Council Houses and 10 others were in course of construction. Further particulars regarding Housing will be found in Section D of the Report.

A Public Enquiry was held on the 29th July, 1952, into the Council's Low Level Water Supply Scheme, but the result of this has not yet been made known. The carrying out of this scheme would greatly facilitate the Council's plans for new houses, and it is to be hoped that the scheme will be approved.

I have the honour to be,

Your Obedient Servant,

JAMES L. GREGORY,  
Medical Officer of Health.

# BRIDGNORTH RURAL DISTRICT

## VITAL STATISTICS—1951

	Total	M.	F.
<b>Live Births</b> —Legitimate ... ..	218	114	104
Illegitimate ... ..	2	1	1
<b>Birth Rate per 1,000 of population = 13.2.</b>			
<b>Still Births</b> —Legitimate ... ..	2	2	—
Illegitimate ... ..	1	—	1
<b>Still Birth Rate per 1,000 total births = 13.0.</b>			
<b>Deaths</b> ... ..	137	74	63
<b>Death Rate per 1,000 of population = 8.3.</b>			
<b>Deaths from Puerperal Causes :—</b>			

	No.	Rate per 1,000 total births
(a) From Puerperal Sepsis ... ..	Nil	—
(b) From other Puerperal Causes ... ..	Nil	—
	<hr/>	<hr/>
Totals ... ..	Nil	—
	<hr/>	<hr/>

### Deaths of Infants under one year :—

	No.	Rate per 1,000 births
(a) Legitimate children per 1,000 live legitimate births ... ..	3	13.7
(b) Illegitimate children per 1,000 live illegitimate births ... ..	—	—
(c) All children per 1,000 total live births ... ..	3	13.6

	No.
Deaths from CANCER ... ..	22
„ „ MEASLES ... ..	—
„ „ WHOOPING COUGH ... ..	—
„ „ TUBERCULOSIS : Pulmonary ... ..	3
Non-Pulmonary ... ..	—

The “ corrected ” figures for Birth Rate and Death Rate are as follows :—

Birth Rate (corrected) ...	18.4 per 1,000 of population
Death Rate (corrected) ...	9.3 per 1,000 of population

The corresponding rates for the whole country were :—

Birth Rate ... ..	15.5 per 1,000 of population
Death Rate ... ..	12.5 per 1,000 of population

## SECTION A

### STATISTICS AND SOCIAL CONDITIONS

#### General Statistics

Area (in acres)	...	...	...	...	...	101,040
Registrar-General's estimate of the population as at mid-1951	...	...	...	...	...	16,590
Number of Inhabited Houses	...	...	...	...	...	3,635
Rateable Value of the District	...	...	...	...	...	£60,477
Estimated product of 1d. Rate	...	...	...	...	...	£251

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#### NOTES ON VITAL STATISTICS

##### **Births and Birth Rates**

A total of 220 live births were registered and this gives a Birth Rate of 13.2 per 1,000 of the population. This is a low rate but when the figure is corrected so as to make the rate comparable to that of the country generally the Birth Rate is 18.4 per 1,000. (England and Wales 15.5).

##### **Still Births**

These numbered three and the rate per 1,000 total births = 13.0.

##### **Infantile Mortality**

Only three deaths of infants under the age of 12 months were notified and this gives a low rate of Infant Mortality, namely 13.6 per 1,000 live births. (England and Wales 29.6). In 1950 there were eight infant deaths.

##### **Puerperal Deaths**

As in 1950 there were no deaths from diseases associated with child birth.

##### **Deaths and Death Rates**

The total deaths numbered 137 of which number 74 were males and 63 females. The crude Death Rate was 8.3 per 1,000 of the population, but when corrected for age and sex distribution it was 9.3. (England and Wales 12.5). The causes of these deaths have been chiefly diseases of the heart and circulatory system including Cerebral Haemorrhage and Thrombosis.

Of the total deaths (137) 66 were due to heart and circulatory diseases and 22 to Cancer, i.e., a total of 88 out of 137 were the result of one or other of these conditions.

A notable feature of late years has been the decline in deaths from Infectious Diseases and the decrease in Infant Mortality. Owing to this there are more people living to the older age groups and therefore the causes of death tend to be those which accompany old age. A list of the causes of death will be found at the end of this Report.

### **Natural Increase of the Population**

The births exceeded the deaths by a total of 83.

## **SECTION B**

### **GENERAL PROVISION OF HEALTH SERVICES**

#### **Public Health Officers**

The names and qualifications of Officers are given at the beginning of the Report. There is a Medical Officer of Health (part time), a Chief Sanitary Inspector who is also Surveyor, and an Additional Inspector who also acts as Assistant Surveyor. Dr. L. E. Dickson, who had been Medical Officer of Health for over forty years, retired at the end of 1951 and died in August, 1952.

#### **Laboratory Services**

Full use is made of the Public Health Laboratory at Shrewsbury, which is controlled by the Medical Research Council for the Ministry of Health. Facilities are available for the bacteriological examination of water, milk and ice cream samples, and also of other specimens submitted by Medical Practitioners or by the Medical Officer of Health. Close co-operation is maintained with Dr. C. A. Jones, the Director of the Laboratory who, with his Staff, are always willing to assist in any problem submitted to the Laboratory.

#### **Nursing in the Home**

This is provided by District Nurses, Health Visitors who advise re care of the younger children, Midwives and Tuberculosis Visitors, all of whom come under the control of the County Health Department. Particulars of these services will be found in the County Medical Officer's Report.

#### **Ambulance Services**

The Ambulance Service is now centred at Shrewsbury (Tel. 2626), and applications for ambulances or cars for sitting cases should be made there. There are also two ambulances and a car stationed at Bridgnorth and these may be had for short journeys in the District. Application for the use of a car from the Voluntary Car Service should also be made to Headquarters at Shrewsbury.



## Hospitals

Particulars of the hospitals available to residents in the Rural District have been given in previous Reports. There are no hospitals in the District, but at Bridgnorth Borough, Shrewsbury and Wolverhampton there are adequate hospital facilities for surgical and medical treatment. Cases of infectious diseases are sent either to Wolverhampton Isolation Hospital or to Monkmoor, Shrewsbury. Some beds are now available at Monkmoor Hospital for children. There is an Orthopaedic Hospital at Oswestry and the Sanatoria are at Shirlett and Prees Heath. One of the greatest problems now is getting accommodation for old persons in Institutions of one kind or another. Some of these people require medical or nursing attention but others do not and for these latter cases the Part III accommodation provided by the County Council is available. If it is at all possible old people are best in their own homes but of course it is not always possible to arrange for this, especially if there is no help available for domestic work.

## Home Help Service

This service was commenced in November, 1949, an office being opened at the Welfare Centre, Bridgnorth. The office is opened at present on Mondays and Fridays from 2.15 p.m. till 4.30 p.m. The telephone number is Bridgnorth 3357. At first the service was managed by the W.V.S. for the County Council, but now it is administered and run by the County Council entirely.

There are two whole time Home Helps at Bridgnorth but in the Rural District it has been possible to employ a resident occasional Home Help and this saves time and mileage. Charges are made for the services supplied but these do not nearly cover the cost. As against the cost, however, it must be remembered that it would be much more expensive to keep any of the persons helped in hospital or in some other institution.

It is to be hoped that more use will be made of this service as owing to the lack of domestic help its value should increase to the community.

## Chest Clinic

This is at 17 Belmont, Shrewsbury, and patients are usually referred to it by their own doctors. The telephone number is Shrewsbury 3068. One of the Chest Physicians attends at the Welfare Centre on the last Tuesday of each month at 11 a.m.

## Diphtheria Immunisation

Children may be immunised against Diphtheria either by their own doctor or at the Welfare Centre, Northgate, Bridgnorth, or at the schools.

## Venereal Diseases

The Clinic is at 17 Belmont, Shrewsbury, and the days and hours of attendance are as follows :—

Males ... .. Tuesdays and Fridays, 6–8 p.m.

Females ... .. Mondays and Wednesdays, 2–4 p.m.

There are also Clinics at Wolverhampton and Kidderminster.

## School Clinics

The County Council have Clinics at Bridgnorth and Highley. At Bridgnorth the hours at 10–11 a.m. on Mondays, and 9–10 a.m. on other week-days. At Highley the Clinic is on Tuesday and Thursday at 9–10 a.m.

# SECTION C

## SANITARY CIRCUMSTANCES OF THE AREA

This Section of the Report deals with matters concerned with environmental hygiene such as—water supplies, sewerage and sewage disposal, public cleansing, rodent control, and the inspection of factories and workshops, etc., etc. I am indebted to the Inspector and his Assistant for the facts and figures in this section and in those dealing with Housing and Food Inspection. (Sections “ D ” and “ E ”).

## WATER SUPPLIES

The position as regards water supplies in the Rural District is similar to that met with in many other Rural Areas. In some of the larger villages there is a piped supply and quite a large number of houses have the water piped to the house and others get a supply from stand-pipes. The chief villages with a piped supply are Highley, Claverley, Alveley, Tasley, Kinlet and Worfield. In the smaller villages and in the isolated cottages the water is chiefly obtained from wells.

It is probable that less than 40% of all the houses in the Rural District have a supply of water piped into the house and therefore the remaining 60% cannot have either a bath with water laid on or a water carriage sewage disposal system, both of which are amenities which every house should have in modern times.

The Council have under consideration two large schemes which are designed to bring a piped supply of water to such of the parishes which have not yet got one. One of these, which is termed the LOW LEVEL SCHEME, is planned to bring a supply from the Birmingham Corporation's Elan Aqueduct to about twenty parishes in the west and south-west of the District.



The Council obtained permission to proceed with the part of this scheme dealing with Highley and Alveley and work is now in progress.

An enquiry into the whole scheme was held on the 29th July, 1952, and the decision of the Ministry is awaited.

At present only 532 houses out of 2,284 in the area covered by this scheme have water laid on, and of 424 farms only 85 have a piped supply, so the need for the new supply is obvious.

The second scheme is one to get water for the higher lying area adjoining the Ludlow Rural District and is a joint scheme. No further progress has been made with it during the year. The cost of this scheme would be rather high for the population to be served. The supply would be obtained from the Cornbrook Culvert near Clee Hill Village in the Ludlow Rural District.

### **Claverley**

An extension of the main from Heathton was made to serve the hamlet of Broughton and other properties en route. Approximately 15 premises can be connected.

### **Worfield**

There are still a number of premises in this parish which could be connected to the mains but are not. This is mainly due to the high cost of laying service pipes.

### **Highley**

The Surveyor reports that the usual fall in the amount of water available from the springs at Londonderry Coppice took place in the dry season and the auxiliary supplies were again used. It was also necessary to chlorinate this supply for some time as unsatisfactory samples were obtained. The new Low Level Supply will give this village a satisfactory supply both as regards quantity and quality and will also enable the Council to proceed with the building of new houses.

### **Stottesdon**

This supply was maintained with difficulty during the year, but it became increasingly evident that the pumping and storage facilities are inadequate to meet the requirements.

### **Alveley**

The quality of this supply deteriorated during the year and efforts to locate the source of pollution were not successful. A chlorinator was installed and satisfactory samples have been obtained since then.

## Purity of Supplies

The water obtained from the mains belonging to the Birmingham, Wolverhampton and Bridgnorth Corporations is treated at the source, as is also the supply at Alveley. In the case of the Birmingham supply the water is "rough filtered" and treated with lime at the source but not chlorinated. Samples taken from it are usually satisfactory but occasionally contain *B. coli* in times of heavy rain-fall. In the proposed Low Level Scheme this supply will be chlorinated.

The following are the results of bacteriological examinations of water samples taken during the year. In addition to those results reports have also been received on samples from some private supplies and from some proposed new sources of supply for Council Houses.

Supply	Number of samples	Number satisfactory	Number unsatisfactory
Alveley ... ..	34	20	14
Highley ... ..	9	7	2
Ditton Priors ...	1	—	1
Stottesdon ...	2	2	—
Morville ... ..	2	2	—
Coton Camp ...	2	2	—
Six Ashes (well) ...	1	—	1
Tuckhill „ ...	2	2	—

Samples were not taken of water which is supplied by other authorities—e.g., Wolverhampton, Birmingham and Bridgnorth Corporations, but it would be best in future to have samples taken quarterly from all the public supplies in the area. It is always possible for even the most carefully supervised supply to undergo changes which might render it dangerous to health, and for this reason regular sampling of all supplies is necessary if the Public Health is to be safeguarded.

## SEWERAGE AND SEWAGE DISPOSAL

The introduction of piped water supplies in rural districts leads sooner or later to a demand for some form of sewerage and sewage disposal works. Under present conditions it is not easy to get approval from the Ministry for large schemes of any kind but approval is given for small schemes which are essential in connection with new housing.

New schemes are required for Claverley and Highley among other villages in the district. The new disposal works for the Council Houses and the School at Worfield were completed during the year and these works can be enlarged to take sewage from the whole village at a later date. At Claverley only part of the village is sewered at present and the Council have obtained plans for a

comprehensive scheme. At Highley the Council plan to build a large number of new houses and for the present these will have to be sewered to a disposal works of a temporary character until a complete scheme for the village can be embarked upon. A multiplicity of small disposal works is to be avoided if possible as the supervision of these would be difficult and the repairs, etc., would cost more than for one disposal works for the whole village. There is still a collection of "night soil" at Highley, but it is hoped that many houses will soon be converted to a water carriage system of disposal when the new water supply is installed.

During the year the proposed alterations at the disposal works at Wren's Nest, Highley, were carried out. The new storm water over-flow was built and the flooding of the filter beds is now avoided. An improvised scraper was designed and tried out in certain lengths of the village sewer, resulting in a greatly improved flow, and doing much to relieve the pressure caused by storm water.

General maintenance was carried out at the other disposal plants and the new cess-pool emptier was brought into use, providing a much-needed addition to the equipment required for this work.

The work of improving existing drains and disposal at farms and cottages was extended during the year and a further 37 farms and cottages have had new drainage systems installed or existing systems improved.

### **REFUSE DISPOSAL**

The new tip at Aston in the Parish of Claverley came into use during the year and this has resulted in a considerable saving of time in travelling to and from the tips. A system of "controlled" tipping is in use so that refuse can be disposed of without any nuisance arising. A full time attendant is now employed at the tip. During the year the Council have continued the collection of refuse from the R.A.F. Camp. This latter collection has now (1952) been discontinued by the Council.

### **RODENT CONTROL**

The routine work of inspecting houses, farms and trade premises and the treatment of houses and the Council's tips, sewage works, etc., was carried on during the year and the initial survey of the entire District was almost completed. The destruction of rats at farms is carried out by employees of the Agricultural Committee.

### **INSPECTIONS**

The Sanitary Inspector reports that a total of 530 visits and inspections were made during the year to houses, factories, food premises, farms, and in connection with water supplies, drainage, camping sites and cases of Infectious Diseases, etc.

In 24 cases of complaints re nuisances informal action resulted in abatement of the nuisances concerned.

During the year three Statutory Notices were served under the Public Health Act, 1936, and all were complied with.

## FACTORIES AND WORKSHOPS ACT 1937

Under the Act there is a difference made with regard to the duties of Local Authorities according as to whether a Factory employs power or does not. In the former cases the L.A. is responsible for the conditions under which the employees work. These are detailed under Sections 1, 2, 3, 4 and 6 of the Act. In the cases of Factories which employ power the L.A. is only concerned with the provision of adequate sanitary conveniences for the workers—Section 7.

In addition to these duties the L.A. has also a duty to perform with regard to facilities for escape in case of fire. This only applies in factories where 20 or more persons are employed or where 10 persons or more are employed above the ground floor.

The L.A. has to have such factories inspected (Section 34) and issue a certificate to them if they are satisfied that suitable facilities for escape in the case of fire are available. There is a Penalty for any owner of a Factory coming into this category who is not in possession of such a certificate.

The following are certain particulars concerning the inspection of factories during 1951 in the district.

No. on Register	Inspections	Written notices	Defects found	Defects remedied
64	12	1	4	3

Of the 64 Factories on the Register 47 have power and 13 have no power.

## SECTION D

## HOUSING

Number of Inhabited Houses	...	...	...	3,635
Number of Houses owned by the Council	...	...	...	194
Percentage of total number owned by Council	...	...	...	5%
Number of houses completed in 1951 : (a) Council	...	...	...	12
(b) Private	...	...	...	3
Total	...	...	...	15
Number of applications for Council Houses	...	...	...	275
Applications for Improvement Grants...	...	...	...	3
Number of houses allotted for 1952	...	...	...	60
Private licences granted in 1951	...	...	...	6



## **New Houses**

Twelve new Council Houses and three private houses were completed during the year. This compares with 18 Council and 8 private houses built in 1950. At the end of the year 1951 a total of 122 post-war Council Houses had been erected.

At the same date 37 houses had been built post-war by private enterprise.

## **Future Programme**

At the end of the year a total of 80 Council and 10 Private Houses were under construction in the district. In addition to the difficulty of getting sites for new houses the lack of piped water supplies is a serious cause of delay in the housing programme. The Council's scheme for a piped supply to a considerable portion of the District from the Elan Aqueduct should therefore be a great help to the building of new houses and it is to be hoped that the scheme will be approved.

## **Unfit Houses**

A most serious matter is the deterioration of many of the older cottages and little is being done to improve their condition. Many landlords are finding that it is not possible for them to afford to keep such old property in a fit condition for human habitation as rents are controlled and the cost of repairs and material have increased so much.

Owing to the shortage of houses the Ministry are not, as yet, willing for older houses to be demolished, except in exceptional cases. Large numbers of families are now living in houses which are unfit according to present day standards and it is unlikely that they will ever be made fit as things are at present.

It has been suggested that a change is due with regard to rent control, and also that a further "slum clearance" scheme is now due. There is, however, considerable difference of opinion on both these matters.

The Inspector reports that necessary repairs were carried out to 21 cottages and that an undertaking not to use another cottage for human habitation was accepted by the Council.

## **Housing Survey**

It will be remembered that a Report was presented to the Council in September, 1950, in which the results of a Survey of 2,424 of the lower rated houses in the district were presented. The Report showed that 673 houses required reconditioning (i.e., 25% of the houses inspected) and a further 273 were in such a state as to be incapable of being made fit at a reasonable expense.



The Housing Act 1949, made provision for "IMPROVEMENT GRANTS" to be given, but very little use has so far been made of these, except in the few cases where an owner-occupier wished to have his house improved. It will be remembered that under the above Act an owner could get a grant of up to 50% on the cost of the improvements carried out. The maximum figure on which the grant could be given was £600.

It is evident that some new legislation is required if any real progress is to be made in improving the older houses which are rapidly getting into poorer condition each year. Otherwise the next generation is going to be faced with a greater problem of slum-clearance than ever.

The following figures show the number of post-war houses completed by the Council, the number completed in 1951, and the number under construction at the end of the year. A further list is given of houses built by private enterprise since the war. These figures have been supplied by the Surveyor.

### COUNCIL HOUSES

Parish	Houses completed in 1951	Under construction at 31/12/51	Total number completed post war
Ackleton ...	—	10	—
Alveley ...	—	34	16
Claverley ...	—	—	26
Hilton ...	—	—	6
Highley ...	—	—	50
Kinlet ...	—	10	—
Morville ...	—	—	12
Neen Savage ...	—	10	—
Shipton ...	—	6	—
Tasley ...	6	—	6
Worfield ...	6	10	6
Totals ...	12	80	122

### PRIVATE HOUSES

Parish	Houses completed in 1951	Under construction at 31/12/51	Total number completed post war
Alveley ...	—	1	5
Aston Eyre ...	—	—	2
Billingsley ...	—	1	—
Burwarton ...	—	—	2

**PRIVATE HOUSES** *continued*

Parish	Houses completed in 1951	Under construction at 31/12/51	Total number completed post war
Chetton ... ..	—	1	4
Claverley ... ..	—	4	3
Eardington ... ..	—	—	2
Highley ... ..	1	—	1
Middleton Scriven...	—	—	2
Quatt ... ..	—	1	—
Romsley ... ..	—	—	3
Shipton ... ..	—	—	2
Tasley ... ..	—	—	4
Upton Cressett ...	2	—	2
Worfield ... ..	—	2	3
Totals ... ..	<u>3</u>	<u>10</u>	<u>37</u>

As regards the Council Houses built since the war it will be seen that 92 out of the total of 122 new houses have been built in three of the larger villages. This is in accordance with the Ministry's advice that houses should be built where water, electricity and other services are readily available. Houses are also needed at farms but unless a satisfactory water supply is available these cannot be built. The cost of building houses in the country in small numbers is also very high and it is difficult to get estimates which can be approved. Every Rural Council is faced with these difficulties and the solution would seem to be to hasten the coming of water supplies, etc., to the more isolated parts of the districts. The wives of farm-workers are no longer content to live in cottages which are without modern amenities and this demand for better conditions is no doubt a great factor in the drift from the countryside to the towns.

The proposed new water supply scheme should do much to improve matters in this respect.

**SECTION E****INSPECTION AND SUPERVISION OF FOOD**

The slaughtering of animals for food for human consumption is still carried on at the Ministry of Food's Central Abattoir in Wolverhampton and meat is distributed from there to the retailers. Inspection of the meat is carried out at Wolverhampton. Two new experimental slaughter-houses have been recently built in England

by the Ministry but no definite pronouncement has yet been made as to the future policy of the Ministry with regard to Public Abattoirs.

Inspection of meat is certainly more easily and more thoroughly carried out at large central slaughter-houses than in a large number of small ones, at which it is not easy for an Inspector to be always present during slaughtering.

## **Milk**

The duty of supervising the milk supply at farms is now the duty of the Ministry of Agriculture Inspectors and for this reason no samples are taken at farms by the Sanitary Inspectors. It is, however, still the duty of the Local Authorities to take samples of milk sold by retailers who are not also cow-keepers—e.g., retailers who have a dairy or who buy milk in bulk from a producer and then retail it either loose or in bottles. The Milk and Dairies Order, 1949, gives additional power to the M.O.H. in cases where milk is suspected of spreading disease. Pasteurised milk is supervised by the County Council.

## **Ice Cream**

No samples of Ice Cream were reported on during the year. I have asked the inspector to have samples taken in future from all retailers in the district. The test used is the Methylene Blue Test, and by it Ice Cream can be graded according to the cleanliness of the sample. There are four grades and in any one year 80% of samples should fall into Grades I or II. When samples fall into Grades III or IV action should be taken to improve the production and handling of the product.

## **Food Condemned**

A total of 104 lb. of various food-stuffs and fruit were condemned during the year. The Inspector is usually notified of any foods which are suspected of being unfit by the retailer.

## **Food Poisoning**

No cases of Food Poisoning were notified to the Health Officials. Epidemics of disease due to contaminated food may arise either from the animals from which the meat comes being themselves diseased or from human "carriers" of disease who infect the food they handle. This latter is the usual way that new cases are infected, and prevention lies in improved hygiene among those who handle food. A regular habit of washing the hands before food is touched is the best way to avoid any food epidemics. For this reason all premises where food is prepared or handled in any way should be provided with facilities for hand washing—i.e., hot water, soap and towels.

## SECTION F

### PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

The following cases of Infectious Disease were notified during the year :—

Scarlet Fever ...	...	11
Measles ...	...	210
Whooping Cough ...	...	39
Pneumonia ...	...	19
Dysentery ...	...	3
Puerperal Pyrexia ...	...	2

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Cases of Scarlet Fever were very much fewer than in the previous year when there were 106 cases, mostly non-civilian.

Measles was prevalent among the children, but there were no deaths from this disease or from Whooping Cough.

No cases of Typhoid Fever, Diphtheria, Poliomyelitis, or Small-pox were notified during the year.

The immunisation of children against Diphtheria has been continued during the year, either by their own doctors or at schools or Clinics or Welfare Centres. The decline in Diphtheria since 1941 in England has been a great triumph for Preventive Medicine, but it is essential that all children should receive protection about their first birthday if the disease is to be kept under control. Each parent receives a card from the County Health Officer on the child's first birthday asking that the child should be immunised. Parents who neglect to have their children protected are making their child run an unnecessary risk.

Parents may also have their children inoculated against Whooping Cough, but so far this protection has not been universally adopted as opinions are divided as to its efficacy in every case.

Research into the way in which Poliomyelitis is spread has been continued but so far no very definite facts have been discovered concerning this matter.

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### TUBERCULOSIS

The following were the numbers appearing on the Register for the Rural District at the end of the year :—

Pulmonary			Non-Pulmonary			Total
Males	Females	Total	Males	Females	Total	
47	47	94	40	40	87	181

#### New Cases

These numbered 6 Pulmonary and 4 Non-Pulmonary.



## Deaths

There were three deaths from the Pulmonary Disease (2 male and 1 female). The death rate was : 0.181 per 1,000.

The age groups of new cases and of the deaths were as follows :

Age Period	New Cases				Deaths			
	Respir.		Non-respir.		Respir.		Non-respir.	
	M.	F.	M.	F.	M.	F.	M.	F.
1- 5 years ...				1				
5-15 „ ...	1			1				
15-25 „ ...	1		2		1			
25-35 „ ...	2	1			1			
35-45 „ ...	1					1		
45-55 „ ...								
55 and over ...	—	—	—	—	—	—	—	—
Totals ...	5	1	2	2	2	1	—	—
	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

Although the deaths from Tuberculosis have declined very much in the last 40 years there is still a great wastage of young lives from the disease. Prevention in this as in most other diseases is better than cure, but people are very much inclined not to take steps to prevent illness, but to wait until it has developed before doing anything about it.

The greatest danger is the patient with a positive sputum (i.e., one who spits up living Tubercle Bacilli). With such a one in the house a whole family can be infected and this often happens, even now with all the knowledge we have of this disease. Such a person should either be in a Sanatorium or have a room to himself to sleep in. A Local Authority can help in many cases by giving preferential treatment in the matter of houses to such families.

Isolation of the infectious patient and the building up of the resistance powers of all contacts remain the chief ways in which the spread of this disease can be prevented. The use of B.C.G. has lately been commenced in this country and it is hoped that this also will help to raise the resistance to Tuberculosis.

Early discovery of new cases by the use of X-Rays will also help to reduce the number of new cases if such cases as are found in this way can be rendered non-infectious.

## CANCER

The total deaths from Cancer numbered twenty-two (12 male and 10 female). The death-rate was 1.32 per 1,000 of the population. In three cases the site of the disease was in the lungs (2 male and 1 female). Cancer of the lungs has become more common of late years and this may be partly due to more accurate diagnosis of the condition. Cancer is a disease met with chiefly in the older age-groups of the population, and in an ageing population it is evident that it must more frequently become a cause of death. Research into its cause is being carried out all over the world and although much has been done we do not yet know the cause or causes which determine its occurrence in human beings.





